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| **FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE**Admissions Office ● PO Box 35236 ● 2201 Hull Road ● Fayetteville, NC 28303-0236 |

**F1 STUDENT RESPONSIBILITY AGREEMENT**

I hereby acknowledge that I am fully aware of the current F-1 Visa regulations under which I must abide by or risk falling out of status with the Student and Exchange Visitor Information Services **(SEVIS)**. I understand that it is my responsibility to maintain my visa status in accordance with current federal laws. I further agree to abide by all college policies as stated in the student handbook and college catalog. The Primary Designated School Official **(PDSO)**,Designated School Official **(DSO)**, International Student Advisor **(ISA)** or a designated college official carefully explained the statements listed below to me. I was free to ask questions before signing this form.

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| Family/Last Name |  | First Name |  | Middle Name |
|       | , |       | , |       |
| Student ID Number  |  | Country of Citizenship |  | Program of Study |

| **As an F-1 Student I understand that I am required to:** |
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| 1. **Purchase and renew medical and hospitalization insurance. Proof of this must be included in my admissions file.** If I drop coverage during my stay in the US, I understand that it may result in the forfeiture of my visa or other consequences.
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| 1. Accept no employment (other than on-campus work-study) without written authorization from SEVIS. I know that if I choose to accept unauthorized employment, it is a serious violation of college and SEVIS policy, which may result in the forfeiture of my visa and/or other consequences.
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| 1. Abide by all of the admissions policies that apply to international students. This means that if I violate any of these policies stated on this form, in the student handbook or the college catalog, I know that I am subject to any or all consequences of violating college policy.
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| 1. Comply with the academic advising recommendation made for English and Math course placement based on my **TOEFL** and college placement test results. This means that I agree to register for and complete all required courses necessary to meet the program of study guidelines stated in the college catalog.
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| 1. Register for and pass a minimum of 12 semester credit hours of curriculum courses EACH semester (fall and spring). If for any reason I need to reduce my course load during any semester, I will not do so without first obtaining prior approval from the PDSO, DSO or designated college official. Failure to follow this procedure will result in a notification to SEVIS of my failure to maintain in legal status. I understand that I am not eligible to enroll in any free or non-curriculum credit continuing education courses in order to meet the minimum requirement stated above.
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| 1. Notify the PDSO, DSO, or designated college official immediately whenever an accident, illness or other circumstance will prevent me from attending classes as scheduled.
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| 1. Notify and schedule a meeting with the PDSO, DSO, or designated college official in advance of any travel planned during college breaks, holidays or otherwise. I understand that if I choose not to involve the PDSO, DSO, or designated college official as appropriate, that SEVIS officials may not allow me to re-enter the US without proper signature or release information recorded on my 1-20 and that as a result of my actions, I may be detained at the port of entry.
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| 1. Notify the PDSO, DSO, or designated college official and SEVIS immediately of any changes in my or my dependent's resident or mailing address. I understand that the new registration requirements require me to report change of address information by using form **AR-111** within 10 days of the change. If I fail to do so, I am aware that I am accountable for any communications sent to the previous address and that my actions may result in removal proceedings by SEVIS.
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| 1. Report any and all changes to my legal name, address, program of study, social security number or drivers’ license to the PDSO, DSO or designated college official. If I choose to apply for and receive a NCDL or NC identification card, I will immediately provide copies to my PDSO, DSO or designated college official.
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| 1. Obey all of the statements that appear on my **Form 1-20** and **Certification of Finances Form**, which I agreed to and have signed.
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| Student Name |  |  Date |

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| PDSO, DSO, Designated College Official |  |  Date |